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Please Support SB 392

**AN ACT CONCERNING INSURANCE COVERAGE FOR ACUPUNCTURE  
TREATMENTS PROVIDED BY CHIROPRACTORS AND THE MINIMUM  
PROFESSIONAL LIABILITY INSURANCE CARRIED BY CHIROPRACTORS**

Good Morning Senator Crisco, Representative Fontana and distinguished members of the Insurance and Real Estate Committee. I wish to testify in support of Section 3 of SB 392.

My name is Janet Levy and I am President of the Victims of Chiropractic Abuse (VOCA) which is a grass roots organization formed to advocate for public policy initiatives aimed at protecting the safety and welfare of chiropractic patients.

For many years the chiropractic community has offered testimony on various bills concerning their profession especially with regarding to the risk of stroke after undergoing a chiropractic manipulation. Many chiropractors admit that there is a risk of stroke which could result in permanent disabilities and death, while others totally deny that the risk of stroke exists. Many chiropractic stroke victims have testified over the years that their stroke was caused as a direct result of a chiropractic manipulation. They have provided medical reports, death certificates and autopsy reports as proof.

Leaders of the chiropractic industry, who have also testified at the various committee hearings on behalf of their industry, did not deny that the risk of stroke exists, but rather they said it was so rare that a warning to patients was unjustified. **Many of those who testified pointed out that chiropractors have very low malpractice insurance rates as proof that the risk of stroke is negligible.** They also testified that there were very few lawsuits regarding chiropractic stroke filed here in Connecticut. (Please note that the chiropractic insurance companies will not reveal the actual number of stroke cases).

Herein lies the problem. We have heard from hundreds and hundreds of chiropractic patients over the past few years, who were seriously injured as a result of a chiropractic manipulation. Many of these victims have been unable to file a lawsuit because they couldn't find an attorney who would take their case - due to what many attorneys consider a low amount for malpractice insurance. If chiropractors use the fact that there are few lawsuits filed as proof that chiropractic stroke events are rare then it would only seem fair that chiropractic patients

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should be able to file these lawsuits when or if they have a stroke as a result of a chiropractic manipulation.

In 2002, when I had a stroke as a result of a chiropractic manipulation I personally met with three attorneys from three major malpractice law firms here in Connecticut. While the attorneys were sympathetic about my injury and said I had a good case, they emphasized the fact that it would make little financial sense for them or for me to pursue a cause of action against the chiropractor who caused my stroke. They indicated that a lawsuit like mine would probably take 4-5 years and once the costs of putting on such a case were considered that there would be little return for either myself or the law firm. I found it interesting that they all said that it was unfortunate that I hadn't been injured by a medical doctor rather than by a chiropractor due to the fact that medical doctors are required to carry more insurance. I eventually found an attorney who would take my case. To be honest though, most people suffering from stroke would not have the physical, mental or emotional energy to keep trying attorney after attorney to take their case. As I am sure you can imagine, stroke puts a huge burden on not only the chiropractic stroke victim but on their family as well. Most families just fall apart from the stress. Because of the depression that a stroke causes, most victims wear out and find themselves unable to pursue legal representation.

The largest chiropractic insurance company, NCMIC, warns their chiropractors of the risk of stroke. They hand out flyers (see attached) to their members telling chiropractors what signs to look for in patients who might be having a stroke. I don't think that a chiropractic insurance company would be sending their members this flyer if stroke was not an issue for them.

Chiropractors are allowed by the state to use the title "doctor". Patients of chiropractic expect to be protected if or when something goes seriously wrong in the same way they would expect to be protected if injured by their primary care physician.

On behalf of chiropractic patient's health and welfare, I strongly urge you to support section 3 of SB 392.

Thank you,

Janet Levy

# Warning Signs of a Potential Dissection/CVA

**IF**

the patient presents with sudden onset of headache/neck/face pain that's different than the patient has ever had before ...

**THEN**

heighten your awareness and watch for the clinical indications of a vertebral artery dissection, and ...

## Evaluate for a history of:

- Integument (temperature, easy bruising, prolonged bleeding/wound healing)
- Musculoskeletal (chronic joint and limb pain)
- Nervous system (dysarthria, dysphasia, visual changes, dizziness, confusion, giddiness and vertigo)
- Cardiovascular system (stroke, TIAs, mitral prolapse, aortic dilatation, hypertension)
- Pulmonary system (emphysema, recent upper respiratory infection)
- Gastrointestinal system (bowel rupture)
- Genitourinary system (frequent urinary tract infection, hematuria)
- Drugs/medication (smoking, oral contraceptive)
- Physical trauma (which may injure arterial structures)
- Previous hospitalizations
- Migraine
- Connective tissue disease (autosomal dominant polycystic kidney disease, Ehlers-Danlos Type IV, Marfan Syndrome, Fibromuscular Dystrophy)
- Recent infection particularly upper respiratory
- Age less than 45 years old

## Differentiating "normal" head and neck pain from a CVA

- Transient Ischemic Attacks (TIAs) —often have similar symptoms to a CVA. If the patient suffers from carotid TIAs, get quick medical referral. The patient may suffer a complete stroke after only a few episodes.
- Dizziness, unsteadiness, vertigo, giddiness—Question patient about:
  - ▶ Aggravating factors, such as neck position or movement,
  - ▶ If any other 5 Ds And 3 Ns exist (see right)
  - ▶ Whether new symptoms have occurred or existing symptoms aggravated by previous cSMT
- Migraine headaches. When a patient presents with a migraine, stroke is uncommon and is usually in the posterior cerebral artery.
- Cervicogenic headaches primarily feature:
  - ▶ mechanical precipitation or aggravation of head pain
  - ▶ facet joint tenderness
  - ▶ neck muscle tenderness
  - ▶ palpatory pressures reproducing head symptoms.

**If you suspect a dissection or stroke ...**

**DO NOT manipulate the neck and get the patient to a hospital!!**

- ✓ Place the patient in a rescue and recovery position
- ✓ CALL 911 immediately
- ✓ DO NOT give the patient anything to eat or drink
- ✓ DO NOT allow patients who improve spontaneously to go home

**If you're not sure, at minimum ...**

**DO NOT manipulate the neck and call the ER**

- ✓ Tell them you suspect a dissection or stroke in progress and request an immediate evaluation/MRI-MRA.

## SIGNS OF STROKE

**CAN THEY**

- ... smile?
- ... raise both arms?
- ... stand steady on both feet with their eyes closed?
- ... speak a simple sentence with several vowels that run together such as: "simple Simon says?"
- ... stick out their tongue?

## Also known as the 5 D's And 3 N's:

- Diplopia ----- Double vision or other vision problems
- Dizziness ----- Vertigo, light-headedness
- Drop attacks --- Sudden numbness/weakness of face/arm/leg
- Dysarthria ----- Speech disorders
- Dysphagia ----- Difficulty swallowing
- Ataxia of gait -- Difficulty walking
- Nausea ----- Vomiting or queasiness
- Numbness ----- Loss of sensation on one side
- Nystagmus ----- Involuntary rapid eye movements

Treatment for CVAs must be given within **3 HOURS** to be effective

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